

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

ADDRESS (number and street)

4703 WOODWAY LANE NW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20016

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00624759

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

C C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Maxwell, Thomas, F., , III

Type or Print Name of Treasurer

Signature of Treasurer

Maxwell, Thomas, F., , III

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 23 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	8750.00	8750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8750.00	8750.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8750.00	8750.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8450.00	8450.00
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8750.00	8750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8750.00	8750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8750.00	8750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8750.00	8750.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8750.00	8750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8750.00	8750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 8

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boyd, Linda, L., ,

Mailing Address 1230 Sunset Lake Cv.

City

Fort Wayne

State

IN

Zip Code

46845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

1500.00

☐ Memo Item
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easterday, Thomas, V., ,

Mailing Address 15 Williamsburg Ct.

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Subaru of IN Automotive Inc.

Occupation (for Individual)

EVP, Secretary & CLO

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2016

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, John, R., ,

Mailing Address 1429 Burdsal Parkway

City

Indianapolis

State

IN

Zip Code

46208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HUD of IN

Occupation (for Individual)

Deputy Director

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2016

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 8
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hanke, C., William, Dr.,

Mailing Address 13109 Thomas Morris Trace

City
Carmel

State
IN

Zip Code
46033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Laser & Skin Surgery Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krisher, Barbara, J., ,

Mailing Address 3409 Rosewood Drive

City
Ft. Wayne

State
IN

Zip Code
46804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aboite Township

Occupation (for Individual)
Township Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Murphy, Scott, N., ,

Mailing Address 1707 Hawthorne Road

City
Marion

State
IN

Zip Code
46952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wal-Mart

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 8
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

2016 BROOKS AND YOUNG HOOSIER REPUBLICAN VICTORY COMMITTEE

A. Shane, Anne, K., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6355 Oxbow Way <table style="width: 100%;"> <tr> <td style="width: 33%;">City Indianapolis</td> <td style="width: 15%;">State IN</td> <td style="width: 52%;">Zip Code 46220</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) BioCrossroads</td> <td style="width: 67%;">Occupation (for Individual) Consultant</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			City Indianapolis	State IN	Zip Code 46220	Name of Employer (for Individual) BioCrossroads	Occupation (for Individual) Consultant	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 09 / 26 / 2016 </div> Transaction ID : SA11AI.4107 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> <input type="checkbox"/> Memo Item Contribution
City Indianapolis	State IN	Zip Code 46220						
Name of Employer (for Individual) BioCrossroads	Occupation (for Individual) Consultant							
B. Usher, Paul, L., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 97 <table style="width: 100%;"> <tr> <td style="width: 33%;">City Sweetser</td> <td style="width: 15%;">State IN</td> <td style="width: 52%;">Zip Code 46987</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Marion General Hospital</td> <td style="width: 67%;">Occupation (for Individual) President and CEO</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00			City Sweetser	State IN	Zip Code 46987	Name of Employer (for Individual) Marion General Hospital	Occupation (for Individual) President and CEO	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 09 / 28 / 2016 </div> Transaction ID : SA11AI.4119 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div> <input type="checkbox"/> Memo Item Contribution
City Sweetser	State IN	Zip Code 46987						
Name of Employer (for Individual) Marion General Hospital	Occupation (for Individual) President and CEO							
C. Woodley, Donald, F., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8846 Worthington Circle <table style="width: 100%;"> <tr> <td style="width: 33%;">City Indianapolis</td> <td style="width: 15%;">State IN</td> <td style="width: 52%;">Zip Code 46278</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Woodley Farra Manion</td> <td style="width: 67%;">Occupation (for Individual) Investment Manager</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 1000.00			City Indianapolis	State IN	Zip Code 46278	Name of Employer (for Individual) Woodley Farra Manion	Occupation (for Individual) Investment Manager	Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 09 / 28 / 2016 </div> Transaction ID : SA11AI.4117 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> <input type="checkbox"/> Memo Item Contribution
City Indianapolis	State IN	Zip Code 46278						
Name of Employer (for Individual) Woodley Farra Manion	Occupation (for Individual) Investment Manager							
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">4700.00</div>					
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">8450.00</div>					